



**5. \*KNOW YOUR CUSTOMER (KYC) DETAILS** (Mandatory. Please Tick/ Specify. The application is liable to get rejected if details not filled)

Status details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI/PIO/OCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-
Minor through Guardian	<input type="checkbox"/>	-	-	-
Non Individual	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI / FII / FPI			
Others (Please Specify)	_____	_____	_____	_____

Gross Annual Income Range (in Rs.)				
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25-50 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50-75 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75 lac-1 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>5 cr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Network in Rs. (Mandatory for Non Individual) (not older than 1 year)	_____ as on _____	_____ as on _____	_____ as on _____	_____ as on _____

Occupation details for	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please Specify)	_____	_____	_____	_____

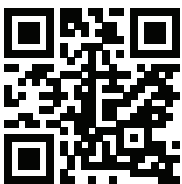
  

Politically Exposed Person (PEP) details	Is a PEP	Related to PEP	Not Applicable
1 <sup>st</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors / Trustee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ACKNOWLEDGEMENT SLIP (To be filled in by the investor)**

Quantum Mutual Fund - 6th Floor, Hoechst House, Nariman Point, Mumbai - 400 021. [www.QuantumMF.com](http://www.QuantumMF.com)

Please scan this code, and fill in your details. Our representative will get in touch with you.



Date 

D	D	M	M	Y	Y	Y	Y
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 Received from: Mr./Ms./M/s \_\_\_\_\_

an application for allotment Scheme \_\_\_\_\_

vide Cheque No./RTGS /NEFT/IMPS Reference No. \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount (₹) \_\_\_\_\_

Drawn on Bank and Branch \_\_\_\_\_

Collection Center's Stamp & Receipt Date and Time

Please note: All purchases are subject to realization of cheques (please refer Scheme Information Document)

## 6. POWER OF ATTORNEY (POA) (Refer Instruction Nos. 2 (f) & 7)

POA Name Mr./Ms.				
Address				
	City		Pin Code	

If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

### 7. \*BANK ACCOUNT DETAILS (Refer Instruction No. 10)

A/c Type [please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Bank Name  IFSC  MICR Code

Account No  Branch  City  Pin Code

Preferred mode of payment Electronic Credit. RTGS IFSC/NEFT code will help us transfer the amount to your bank account quicker, electronically.

\*Mandatory - Please attach either a Cancelled Cheque with first applicant name and account number pre-printed on the face of the cheque or a Bank Statement with current entries not older than 3 months or a Certified Bank Passbook with current entries not older than 3 months or a Bank Letter/ Certificate duly signed by Bank Branch Manager/Authorized Personnel.

**8. \*INVESTMENT DETAILS** (Please ✓) Choice of Scheme/Option/Facility (Refer Instruction No. 2)

Scheme	
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular
Option	

Transfer of Income Distribution to Scheme (Available only if invested scheme has Payout of Monthly IDCW Option/ Facility)	
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### 9. \*PAYMENT DETAILS (Refer Instruction No. 11)

Mode of Payment		<input type="checkbox"/> Cheque	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> IMPS	<input type="checkbox"/> Transfer Letter/Direct Credit (DC)	<input type="checkbox"/> DD
Cheque No./ RTGS/NEFT/IMPS/DC/DD Ref. No.					Date	
						<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-right: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div> <div style="border-right: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div> <div style="border-right: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> <div style="border-right: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> <div style="border-right: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border-right: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border-right: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> </div>
Gross Amt (₹)		DD Charges (₹)		Net Amt (₹)		
Bank/Branch & City						
Account Type	<input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR					

## 10. \*FATCA and CRS Details for Individuals (Including Sole Proprietor) (Mandatory)

The below information is required for all applicants/guardian

Category	1 <sup>st</sup> Applicant / Guardian	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Place/City of Birth			
Country of Birth			
Country of Citizenship/Nationality			

Is your Tax Residency/Country of Birth/Citizenship/Nationality other than India? ☐ Yes ☐ No (Please ✓)

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below. In case of POA, the POA holder should mandatorilly fill Annexure I for complete details.

Category	1 <sup>st</sup> Applicant / Guardian	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Country of Citizenship/Nationality			
Tax Payer Reference ID No. 1			
Country of Tax Residency 2			
Tax Payer Reference ID No. 2			

### 11. \*NOMINATION DETAILS (Refer instruction no. 12)

☐ I do not wish to Nominate

	1 <sup>st</sup> Nominee	2 <sup>nd</sup> Nominee	3 <sup>rd</sup> Nominee
Name (as in PAN card/KYC records)			
PAN			
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Relationship with Investor			
Address			
Guardian Name (in case Nominee is a Minor)			
Allocation % (Total to be 100%)			

**12. DEMAT ACCOUNT DETAILS** (Please ✓) (Please refer Instruction no. 13)☐ NSDL ☐ CDSL (Switch not allowed. Redemption Stock Exchange Platforms / Depository Participants only)I would like to be allotted units in DEMAT mode. ☐ Yes ☐ No (Please ✓) (Non - ticking of this box would result in allotment of units in physical form).

Please ensure that the name of the investor in the application form matches with the account held with the depository participant.

NSDL  BENEFICIARY Account No. (NSDL Only) CDSL Enclose for Demat Option: ☐ Client Master List ☐ Transaction/Holding Statement ☐ DIS Copy**13. SMILE Facility** (Please refer Instruction no. 15)Opt for SMILE Facility ☐ Yes ☐ No Contribution to SMILE Facility (For Indian Citizens Only\*): ☐ 10% OR ☐ Investor AdvisedContribution to SMILE Facility (For Other Citizens\*): ☐ Investor Advised

	NGO Name	Distribution Share to each NGO (%)
NGO1 Name		
NGO2 Name		
TOTAL		100%

\*Note: Resident/Non Resident Indian holding foreign citizenship can opt for SMILE Facility on any date through Investor Advised Option. However, contribution to NGOs can be done either on the investors getting their Indian Citizenship or on receipt of FCRA approval by HYNGO Foundation which is currently in the process for approval with the Ministry of Home Affairs.

**14. SOURCE OF INFORMATION**How did you come to know about Quantum Mutual Fund? ☐ Advertisement ☐ Friend/Relative ☐ Sales Team ☐ IFA/Intermediary

Name &amp; ARN Code of Intermediary \_\_\_\_\_ Others \_\_\_\_\_

**15. PHYSICAL COPY OF ANNUAL REPORT**☐ Opt In to receive the physical copy of Annual Report**TO COMPLETE THE FORM, PLEASE SIGN IN THE APPROPRIATE BOX AT THE BOTTOM OF THE FOLLOWING PAGE.****CHECK LIST: Please ensure the following:**

Application form is complete in all respects and signed by all Applicants.

Enclosures:

- ☐ Supporting documents for bank account details furnished in the Form.
- ☐ For payment by Demand Draft - a certificate from the banker in the prescribed format confirming the account from which the funds have been remitted.
- ☐ For Third Party payment - Third Party Declaration' in the prescribed format along with the KYC acknowledgement issued by KRA for the Payer.
- ☐ Proof of KYC for all applicants, guardians for minors and POA.
- ☐ Non Individuals: UBO Declaration (if applicable) & FATCA form.

**Enclosures (if applicable)**

- ☐ Proof of relationship with minor.
- ☐ Proof of identity & address.
- ☐ Proof of DOB.
- ☐ Multiple bank registration form.
- ☐ Client Master list/DP statement.
- ☐ SIP Form.

**Want To  
Have The Latest  
Information  
About Us?**

 **Website** : [www.QuantumAMC.com](http://www.QuantumAMC.com) **Email** : [CustomerCare@QuantumAMC.com](mailto:CustomerCare@QuantumAMC.com) **SMS** : <QUANTUM> to 9243-22-3863 **Toll Free Helpline** : 1800-22-3863 / 1800-209-3863 **Missed Call Facility** : 022 6829 3807

**Investor Awareness:** Please ✓ to acknowledge that you have been explained the following aspects of investing by Quantum Mutual Fund and / or its representative(s) / intermediary(s) and hereby confirm having understood the same before investing with Quantum Mutual Fund.

Name of the Invested Scheme(s): \_\_\_\_\_

- ☐ I/We have asked, and have been explained and understood to my/our satisfaction all the features of the scheme(s) from the scheme related Documents (KIM/SID/SAI) that I/We have chosen to invest in and have understood all the Terms and Conditions of the scheme(s) and addenda of Quantum Mutual Fund.
- ☐ I/We confirm that I/We have reviewed and understood the Expense Ratio, Tax Implication, Cut-off time for subscription / redemption / Switch, Turnaround time for processing of transactions, Exit Load which will be calculated on First in First Out (FIFO) basis.
- ☐ I/We am/are also aware that investing in Mutual Fund schemes come with an inherent risk which I/We have also understood from the product label and Riskometer of the Scheme(s). I / We have not been paid any incentive or have not been promised any assured returns while investing in this scheme(s).
- ☐ I/We am/are aware of my own risk appetite, my/our time horizon for investment, my/our objective for investment and the investment objective, performance of the Scheme(s) and performance of the Benchmark of the scheme(s) and it is appropriate for me / us to undertake investment in the scheme(s). I/we confirm that the
- ☐ scheme(s) in which I/we am/are investing is appropriate for me / us keeping in mind the investment objective and risk of the scheme(s).
- ☐ I/We am/are also aware of the Charter of Investor Rights, Privacy Policy Grievance Redressal and Dispute Resolution Policy and procedure at Quantum Mutual Fund and am/are aware of whom to contact in case of any discrepancies.
- ☐ I/We hereby declare that I/We have understood the nature of questions in the Application Form and the importance of disclosing all the material information required. I/We declare the facts disclosed in the application and the acknowledgement forms are true and correct to the best of my/our knowledge.
- ☐ I/We hereby authorize you to verify / confirm details and documents submitted by me / us independently from my Banker and / or any source and / or through the independent third party appointed by you. In case, if any of the information / documents provided is found to be incorrect, you have the right to reject my application.

**DECLARATION:**

I/We have read and understood the terms & contents of the Scheme Information Document(s) and Key Information Memorandum(s) of the respective scheme(s) and Statement of Additional Information and Addenda thereto and I / we have taken the decisions of investing based on my / our investment objectives and risk appetite. I/We hereby apply to the Trustee of Quantum Mutual Fund for allotment of units of the scheme(s) as indicated above. I / we am / are authorized to invest the amount which is derived through legitimate sources and legally belong to me/us and not of any third party and is not held or designed for the purpose of contravention of any acts, rules, regulations, constitutional documents. I / We have not received nor have been induced by any rebate or gifts, directly or indirectly for making this investment(s). I / we hereby opting for Transactions Through Electronic Mode shall agree, acknowledges and accepts the terms and conditions for Transactions Through Electronic Mode as stated in the Offer Documents and on the AMC Website. I / We authorize the AMC to source / disclose data / documents / information including specimen signature from third parties / intermediaries / KRA for verification / validation of my/our transactions. I / We authorize the AMC to verify and validate my / our registered bank accounts through its services provider including verification and validation by way of crediting a token amount to the registered bank account(s). I / We authorize the AMC to disclose, remit, share above information in any form or manner to its agents, service providers, SEBI registered intermediaries, Indian or foreign statutory / regulatory authorities. I/ We authorize the AMC to refund the excess amount of investment in the scheme to bring my / our investment below 25% of corpus of the Scheme. I / We agree to receive the income distribution/redemption amount to the bank details mentioned in the application form and / or to the bank account linked to AADHAAR. I / We am / are not prohibited from accessing capital markets under any order/ ruling / judgments etc. of any Regulations including those of SEBI. I / We hereby confirm that, I / we have not been offered / communicated any indicative portfolio and / or any indicative yield for this investment. The ARN Holder has disclosed to me/ us all the commissions (in the form of trail commission or any other mode), payable to him for different competing schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I / We acknowledge that the AMC / Trustees have the right to reject my / our application in accordance with the provisions of the offer documents. I / We shall be liable and responsible for any loss, claim suffered, directly or indirectly by the AMC / Fund / RTA arising out of any false, misleading, inaccurate, incomplete information furnished by me / us at the time of investing / redeeming the units and indemnify and at all time keep indemnified, save and harmless the AMC / Fund/ Trustee and their officers, directors, employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered / paid by the AMC / Fund / Trustees.

I / We hereby give consent to receive communication via email, SMS, alerts, notifications or voice calls from Quantum Mutual Fund, even though my mobile number is registered under the National Do Not Call Registry (NDNC). This includes all statutory, product, transaction related & other communication. Please refer to our [privacy policy](#) for complete details.

**Applicable to NRI only:** I/We hereby confirm that I / we are Non Resident Indian(s) but not a person(s) residing in Canada or United State of America or not compliant FATF country or territory nor a "US Person" under US Securities Act, 1933 as amended from time to time and Candian persons and not residing in USA at the time of submitting the application. I / We hereby confirm that funds for investments have been remitted from abroad through normal banking channels or from funds in my / our Non Resident External / Ordinary Account / FCNR Account.

**Applicable to SMILE Facility:** I/We have read and understood the contents of the Statement of Additional Information/Scheme Information Document/Key Information Memorandum of the Scheme, addenda issued till date, terms and conditions of the SMILE Facility and abide by that. I / We hereby authorize the Trustee of Quantum AMC / Quantum Mutual Fund for redemption of units/amount as per the terms and conditions of SMILE Facility and transfer / donate such redemption amount to the HYNCO Foundation Bank Account who, in turn, will transfer / donate such redemption amount to respective Non- Governmental Organizations (NGOs) as selected in the form. Quantum AMC / Quantum Mutual Fund shall not be held responsible or liable in any manner whatsoever for making such donations on my/our behalf to HYNCO Foundation and then in turn by HYNCO Foundation to the respective NGOs.

**Applicable for Non – Individual Investors:** We are the entity formed and registered in India and does not receive foreign contribution / we are the entity formed and registered in India, receiving foreign contribution but the investments in the SMILE Facility is using Local Funds and not from the organization's FCRA Bank Account.

Signature(s)

Date

D	D	M	M	Y	Y	Y	Y
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Place \_\_\_\_\_

Sole/1 <sup>st</sup> Applicant/Guardian/Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> Applicant / Authorised Signatory	POA Signatory
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